

INDIANA WING TEMPEST RAPID REPORT

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| Incident Commander: | | Mission Number: | | Mission Base: | | Date/Time: | |
|---------------------|--|-----------------|--|---------------|--|------------|--|

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| Item 1 | Type of Mission Requested, Location, Estimated Duty Hours of CAP Resources: |
| NC <input type="checkbox"/> NA <input type="checkbox"/> | |

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|--|-------------------------------|--|--------|--|
| Item 2 | Requestor Information: | | | |
| NC <input type="checkbox"/> NA <input type="checkbox"/> | Name: | | Phone: | |
| | Title: | | Other: | |
| | Address: | | | |

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| Item 3 | Accident and Incident Reporting: | | | | |
| NC <input type="checkbox"/> NA <input type="checkbox"/> | Incident | Cadet | Senior | Total | Form 78 completed |
| | Injured | | | | |
| | Fatalities | | | | |

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| Item 4 | Type(s) of tasks being conducted: |
| NC <input type="checkbox"/> NA <input type="checkbox"/> | |

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| Item 5 | CAP Personnel being utilized: | | | | |
| NC <input type="checkbox"/> NA <input type="checkbox"/> | # of Cadets: | | # of Seniors: | | Total: |
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| Item 6 | CAP Resources being utilized: | | | | |
| NC <input type="checkbox"/> NA <input type="checkbox"/> | # of CAP A/C: | | # of Non-CAP A/C: | | Total: |
| | # of CAP Vehicles | | # of Non-CAP Vehicles: | | Total: |

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|--|--------------------------|-----------------|--------------------|
| Item 7 | Aircraft Sorties: | | |
| NC <input type="checkbox"/> NA <input type="checkbox"/> | # of Sorties: | Type: | # of Hours: |
| | | CAP Aircraft | |
| | | Member Aircraft | |
| | | Total | |

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| Item 8 | Communications: | |
| NC <input type="checkbox"/> NA <input type="checkbox"/> | | |
| | # of Fixed Communication Stations: | |

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|--|--------------------------------|-------------|----------|-------------|----------|-------------|
| Item 9 | CAP Equipment Committed | | | | | |
| NC <input type="checkbox"/> NA <input type="checkbox"/> | # | Type | # | Type | # | Type |
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| Item 10 | Remarks: |
| NC <input type="checkbox"/> NA <input type="checkbox"/> | |

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|---|---|---|
| NC = No Change NA = Does Not Pertain to this Operation | Submit to State Director: 1) Upon Deployment 2) Daily Report | 3) Interim Report with Changes 4) Termination Report |
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